

APPLICATION CRIME WATCH PATROL

NAME OF CRIME WATCH PATROL: _____

NAME: _____ RACE: _____ SEX: _____
(Last, First, MI)

DATE OF BIRTH: _____ TEXAS DRIVERS LICENSE # _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: (for CWP use ONLY) _____

T-SHIRT SIZE: M L XL 2XL 3XL WINDBREAKER SIZE: M L XL 2XL 3XL

IN CASE OF EMERGENCY, CONTACT:

NAME: _____

ADDRESS: _____

PHONE: _____ ALTERNATE PHONE: _____

REFERENCES: *(required and must not be family members)*

NAME: _____

ADDRESS: _____

PHONE: _____ RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

PHONE: _____ RELATIONSHIP: _____

I UNDERSTAND AND GIVE MY FULL CONSENT TO THE RICHARDSON
POLICE DEPARTMENT TO CONDUCT A CRIMINAL HISTORY CHECK.
I FURTHER UNDERSTAND THAT MY CHARACTER REFERENCES MAY
ALSO BE CHECKED. (THIS INFORMATION WILL BE KEPT CONFIDENTIAL
AND IS NOT RELEASABLE TO THE PUBLIC.)

SIGNATURE: _____ DATE: _____

Please return this completed application to:
Richardson Police Department Crime Prevention Unit
ATTN: Crime Watch Patrol
Post Office Box 831078
Richardson, TX 75083-1078

OFFICER ID# _____ APPROVED _____ DATE _____
Comments: _____